[reserve	ed for	barco	de]
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Name of child/student:				
first		last		

## Supplement to SSA-827 for Use in Cases of School-Age Children

To help determine whether the named child is disabled under the provisions of the Social Security Act, I voluntarily authorize all educational sources to disclose to the Social Security Administration (SSA) and its State agency, information, including education records, on the above named child. I understand that SSA or the State agency may provide this information to doctors or other professionals who do tests or examinations to help make the disability determination. **This supplement permits disclosure from all educational sources** (such as teachers, school records administrators, counselors) of:

- 1. Copies of educational tests and evaluations, including Individualized Educational Programs, triennial assessments, psychological or speech evaluations, and any other records that can help evaluate function; and
- 2. Teachers' observations and evaluations.

The conditions and protections cited on the SSA-827 also apply to this authorization. In addition, any educational information obtained with this authorization will not be redisclosed outside of SSA or the State agency without further consent (except to doctors or other professionals who do tests or examinations to help make the disability determination).

Signature	:	
•	(emancipated child, parent, guardian, or personal representative)	(date signed)

It is SSA's policy to provide service to people with limited English proficiency in their native language or other mode of communication (consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act), including the information in the SSA-827 and this supplement. This supplement has been developed to comply with the consent requirements of the Family Educational Rights and Privacy Act, the Individuals with Disabilities Education Act, and the regulations of the Department of Education (34 CFR parts 99 and 300).